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ORIGINAL COMMUNICATIONS.

**ARTICLE I.**—*Report of the Committee on the Means of Preserving Milk, and on the Influence of Pregnancy and Menstruation on the Composition and Nutritive Qualities of that Fluid.* Prepared for the American Medical Association, Annual Session of May, 1855. By N. S. DAVIS, M.D., &c. From the Transactions of the American Medical Association.

THE general subject assigned to your Committee requires consideration under three distinct heads, viz: First, the means capable of preserving milk free from injurious changes in its composition for an indefinite length of time; Second, the changes which the milk of the female undergoes during the period of menstruation; and, Third, the changes which occur in the same fluid in those cases where pregnancy supervenes while lactation is still going on.

If we keep in mind the whole period of human life, from the tender period of infancy to old age, we shall readily perceive that Milk is not only one of the most important, but also one of the most essential articles of diet in the possession of man. It is the only article provided by nature for the first period of life, and for which the genius of man has never succeeded in

devising a substitute. Embracing in its composition all the elements necessary for the nutrition of the various structures of the body, and in a form so bland and easily absorbed as to be adapted to the most delicate condition of the digestive apparatus, it is often no less valuable to the invalid and the convalescent than to the infant. In this one fluid we have, in the form of organic matter, *casein*, *oils*, and *sugar*; and as inorganic matter, phosphates of lime, magnesia, and iron, chlorides of sodium, potassium, and soda; and sulphur. All these ingredients are either dissolved or suspended in water, in nearly the following proportion, viz:

Water,	-	-	-	87.7
Organic matter,	-	-	-	10.8
Inorganic matter,	-	-	-	1.5
				<hr/>
				100.0

The only ingredient not in a state of complete solution is the oil or butter, which exists in the form of minute globules, lighter than the water, and consequently disposed to rise to the surface whenever the milk is allowed to remain at rest. The casein, which is one of the most abundant ingredients, closely resembles albumen in its chemical composition, and like it, liable to undergo decomposition or change by exposure to heat or air in a moist state. But of all the constituents of milk, the sugar is the quickest to undergo changes by time and temperature. Chemically identical with grape sugar, it is very easily converted into lactic acid by a process of fermentation. At an ordinary summer temperature, from six to twelve hours is sufficient to effect the change, or at least to begin it. In the natural condition of fresh milk, the soda is in combination with the casein, and is the means of rendering the latter soluble in the water. No sooner, however, is lactic acid generated from the decomposition of the sugar, than it unites with the soda, leaving the casein free, and consequently insoluble, and in the form of white coagulated masses. These changes constitute the process, familiarly known as the "*souring*" of milk. By this very brief glance at the composition of milk, we see in the number and nature of its ingredients, and the feeble affinity by

which some of them are held together, the reason why it so speedily undergoes important changes when exposed to the influence of time and temperature. In rural districts, where animals from which fresh milk may be obtained are abundant, the necessity of preserving the milk for the purpose of rendering it less liable to change, is not felt. But on ships at sea, during long journeys over uninhabited regions of country, and in large cities, the difficulty of obtaining pure and fresh milk is very great; so much so, indeed, as to be not merely a source of discomfort, but of greatly increased sickness and mortality, especially during the first two years of life.

The very high ratio of mortality among children in all our large cities is a fact familiar to all. And though many causes may combine to produce this result, yet long continued and careful observation has satisfied your committee, that among them there are none more prolific of evil than the defective supply of pure milk. The dairies which are kept within the environs of large cities, and on which the citizens chiefly depend, are subject generally to so much confinement and unwholesome food, that both the cows and their milk become diseased and impure, even when no adulterations are resorted to by the dealers.

When railroads were first constructed, extending from the cities into rich agricultural districts, it was anticipated that the rapidity of transportation would ensure a constant and abundant supply of the article from the rich pastures of the country. But a little experience was sufficient to demonstrate the falsity of these anticipations. For however short the time required for transportation, the additional time used in transferring the milk from the farm house to the cars, from the latter to the general depot, and from thence to individual customers scattered over a large city, accompanied at each step by more or less agitation, is such, that through all the warm season, even with the greatest possible care, the milk is so diluted by the ice used to keep it cool, and so near the full change called *souring*, that it is totally unfit for the nourishment of young children and adults with sensitive organs of digestion. We speak on this subject from much personal experience and observation. Hence there could scarcely be a more important improvement, or one

which would contribute more to the health and happiness of men than the discovery of some economical and easy method of rendering milk incapable of undergoing change by time and temperature, while at the same time its nutritive qualities and easy digestibility remained unaltered.

During the last half century various attempts have been made to accomplish this result, but until quite recently with very little success. If they have in some instances succeeded in preserving the milk a long time fit for use, it has been either by depriving it of some of its valuable ingredients, or by adding other substances to such an extent as to materially alter its qualities. Thus the plan of M. Appert, consisted in boiling the milk in an open vessel until it was reduced one half in bulk, frequently skimming it, and finally adding the yolk of one egg to each quart of the concentrated milk. It is then to be kept in bottles. An article of "preserved milk," sometimes found in the market in the form of paste, is thought by a committee of the New York Academy of Medicine to have been prepared by a process somewhat similar to the method of M. Appert; it containing a considerable quantity of albumen. It is easy to perceive that the boiling and skimming process of M. Appert, and the subsequent addition of albumen, or the yolk of eggs, materially alters the quality of the milk and renders it objectionable.

The most successful method yet devised for the preservation of the nutritive qualities and ingredients of milk, in a form at once permanent and portable, is that of Mr. Samuel T. Blatchford of Dutchess County, New York. By his method the water of the milk is evaporated and all its other constituents obtained in a dry and solid state, mixed with a certain proportion of white sugar. When prepared for the market it is in the form of square or oblong tablets, covered with tinfoil, each weighing one pound. In this form it is very firm and dry, and has been carried on ships through almost every parallel of latitude and longitude, and kept more than twelve months without change; it being when re-dissolved in water possessed of all the constituents and qualities of fresh milk, with the simple addition of sugar. Its capability of being kept without unfavorable change through any reasonable period of time, and under exposure to



a temperature equal to the warmest seasons and climates, provided it be kept dry, has been fully tested. Your committee have been unable to detect any change in the qualities of specimens, carelessly left in a box in the office, during all the past summer.

The same preparation of milk is also found in the market put up in cans, instead of solid tablets. In the cans it is in the form of a dry, granular powder, and is more readily soluble in water than the tablets. The latter for use requires to be grated fine, or pulverized, and may then be readily dissolved either in cold or tepid water; a pound of the solid tablet being sufficient to convert five pints of water into a good quality of fresh milk. During the summer of 1854, a committee of the New York Academy of Medicine, consisting of Drs. J. H. Griscom, John R. Van Kleek, Benj. Drake, W. N. Blakeman, John Shanks, Joseph M. Smith, Saml. A. Purdy, A. H. White, James Stewart and James M. Minor, visited the establishment of Mr. Blatchford in Dutchess County.

In their subsequent report to the Academy the committee use the following language, viz:

"It (the process) has been fully subjected to our critical examination; we have traced the milk of the rich pasturage of Dutchess County, from the udder to its final conversion into the solid tablet; and we find it, in all its stages and appliances, to be based upon a thorough knowledge of the chemistry and dynamic tendencies of the natural fluid. It is not within our province, nor would it be proper here, to detail the steps of this operation; and it will suffice for this to state that the article called '*Solidified Milk*,' obtained from that locality, and presented to us for examination, is nothing but the solid constituents of pure milk, combined with a little less than an equal part, by weight, of white sugar; *that it contains no other foreign substance*; that the various solids of the original fluid are preserved intact, even the butter globules being unbroken; that it is readily and perfectly soluble in water, and when it is so dissolved in proper proportion, it is in fact milk as it was secreted from the cow, with the sole exception of the sugar which accompanies it, that the only medicinal or culinary operations in which ordinary milk is required, and this article cannot be used, are those in which sugar is inadmissible, while on the other hand, whenever sugar is required in connection with milk, they are here found

together."—In another part of the same report, it is said that, "the only objection, besides that of the presence of sugar, which can be made to it is an empyreumatic flavor somewhat similar to that of boiled milk, which it receives in the process of manufacture. This varies in degree, but is much less distinct when the solution is made with cold than with hot water, and in the preparation of custards, puddings, arrow-root, wine-whey, ice-creams, &c., in all of which your committee have practically tested it, it disappears."—In regard to the change of constituents the committee further observe: "There is no loss of any nutritive material, a fact of which we can always be assured, for the article cannot be produced except from *fresh* milk, as any change in the character of the original fluid, either by spontaneous decomposition, or otherwise, must spoil the result. So any dilution of the fluid, by water, must only lengthen the process of manufacture and thereby endanger the issue."

These opinions, expressed by so able a committee, after a personal examination of the process, and a careful investigation of the whole subject, are sufficient, doubtless, to satisfy the members of this Association that the "*solidified milk*" is all that the manufacturer claims it to be; and that the great desideratum in regard to the preservation and portableness of that important article of nourishment has been fully attained by Mr. Blatchford.

But having, previously to the reception of the report from which I have been quoting, subjected the "*solidified milk*" to a rigid investigation, I will briefly add the results of my own observations and experiments.

When perfectly dissolved in water, in the proportion of three ounces to the pint, and examined under the microscope, no difference could be detected between it and fresh milk, except the presence of sugar in the former. Annexed are accurate sketches of both, copied from the field under the microscope magnifying 800 diameters. Repeated chemical analysis showed clearly the presence of all the solid constituents of pure milk in their natural proportion, with the addition of sugar and a small excess of soda. It is true, the New York committee assert, "that it contains *no other foreign* substance" than sugar, but unless my examinations have been altogether deceptive, there is a larger amount of *soda* than belongs naturally in the milk. Its

quantity, however, is not sufficient to constitute the least objection, or to be noticed in any of the purposes to which the milk may be applied. On the contrary, alkali being a natural constituent both of the milk and the blood, can hardly act as a foreign ingredient in the limited quantity which I suppose to exist in the substance under consideration. Having obtained none but the most satisfactory results from the microscope and chemical examinations, I next directed my attention to its use as an article of food, both for the sick and the well. I caused three children under two years of age, to be fed almost exclusively on the solidified milk dissolved in water, for two weeks in succession. The results were in every respect as favorable as when the same children were fed on the best quality of cows' milk. I also embraced some opportunities to use the article for the nourishment of young infants, who were deprived of milk from the breast of the mother, and who were found incapable of being nourished on such milk as was furnished by the milk-men of the city. The following is one of the cases of this kind:

Mrs. S. was confined in her first labor, on the 16th day of September, 1854. She was delivered of a healthy male child, without any untoward symptoms; but four days after was attacked with symptoms of puerperal peritonitis, from which she recovered in about ten days, but without any flow of milk sufficient to nourish the child.

During the sickness of the mother, and for ten days subsequent thereto, efforts were made to nourish the child on the milk furnished by the milk-man of the city; but it was often rejected by the stomach in a *sour state*, and the child emaciated rapidly, its bowels became disordered, the mouth covered with *thrush*, and two or three abscesses made their appearance in the cellular tissue of the neck and shoulders. Seeing the child in this unpleasant condition, I furnished the family a tablet of the solidified milk, with the request that it should be dissolved in water as required for use, in the proportion of three ounces to the pint of water, and given to the child *ad libitum*; at the same time withholding all other nourishment, and prescribing no remedies except a powder of alum and white sugar to heal the mouth. So soon as this change was made in the diet of the

child, it began rapidly to improve. It ceased to vomit, the bowels became more regular, and in a few days it began perceptibly to increase in flesh.

It continued to be fed almost exclusively on the solidified milk for several weeks, during which it remained well, regained a good degree of flesh, and grew finely. The parents soon after left the city, and the child passed beyond the reach of my observation. To detail other cases would extend my report to an unnecessary length. It is sufficient to observe, that all my experiments, calculated to test the nutritive qualities and digestibility of the article, have led to highly satisfactory results.

From the observations thus far made, I have been able to discover only three objections to the substance under consideration. The first is that it contains an extra quantity of sugar. As an article of nourishment, and for most culinary purposes, this objection would have no weight; but to use with tea and coffee, it would be disagreeable to many. The second objection is the empyreumatic flavor spoken of by the committee of the New York Academy of Medicine, and which is certainly quite perceptible when used alone, or with tea and coffee. But this flavor is disliked by a comparatively small number of persons only, repeated use would doubtless soon remove the *dislike* even with them. The third objection has reference to the price; which, if I am correctly informed, is twenty-five cents per pound at retail, being equivalent to about *four* cents a *pint* for pure milk. On the other hand, the solidified milk of Mr. Blatchford's manufacture, possesses some advantages of importance. Its capability of perfect preservation enables us to procure it by the box as we would sugar, thereby saving all the trouble of being waited upon by a milk-man once or twice a-day; and what is of still greater importance, it may be dissolved and ready for use in just such quantities as needed, in a few minutes, thereby enabling those who use it to have at all times a *fresh* article. Again, it may not only be diluted like ordinary milk to any desirable degree, but it may also be dissolved in such proportion as to render the solution much more rich in nutritive constituents than ordinary milk; thereby fur-

nishing more nourishment in a small quantity of fluid, a quality of importance in some conditions of the digestive organs. From the investigations I have been able, thus far, to make, I have been led to regard the following conclusions as essentially correct, viz :

1st, That in the "solidified milk" manufactured by Mr. Samuel T. Blatchford, of New York, there is preserved all the solid and nutritive constituents of fresh and pure milk, in such a state as to be capable of remaining unchanged for years, if kept free from moisture.

2d, That the solid constituents of the milk so preserved, retain their natural combinations and qualities so perfectly, that when dissolved in water, in proper proportion, the solution possesses all the chemical, microscopical, physical, and nutritive qualities of fresh and pure milk from the cow, modified only by the presence of an excess of white sugar and a trifling proportion of soda.

3d, That the article may be used, not only safely, but advantageously, for all the purposes to which milk is applied, except those in which sugar is positively inapplicable.

Its portableness, its solubility, and consequent capacity to furnish at all times a solution perfectly fresh, and of any required degree of richness, renders it especially applicable to the nourishment of young children and invalids. And hence, your committee do not hesitate to recommend it as a reliable substitute for milk procured by the methods in ordinary use, not only on ships at sea, and during long journeys overland, but also as an article for general use in all our large cities.

A tablet of the "solidified milk," manufactured by Mr. Blatchford, about ten months since, is herewith presented to the Association for the inspection of its members.

In regard to the remaining topics referred to your committee for investigation, viz : the influences of menstruation and pregnancy on the composition and qualities of milk, I am not able to make a satisfactory report. Although I have gathered some facts of interest, yet it is easy to perceive that the opportunities for a careful and thorough investigation of these topics would not be numerous, in the practice of any one physician during

the short period of one year. Should the Association deem these topics of sufficient importance to continue the committee, I shall be happy to pursue the investigation until more satisfactory results are obtained.

All of which is respectfully submitted.

ARTICLE II.—*On the Use of Veratrum Viride in Fevers.*

A Letter from Huntingdon, Indiana, addressed to one of the Editors.

DEAR SIR,—I hope it will not prove a source of annoyance to give you the result of my experience in the use of veratrum viride as a diaphoretic in the hot stage of our autumnal fevers.

I noticed with interest your observations in your Journal, sometime last spring, upon the use of this agent in puerperal peritonitis; and from your opinion of its *modus operandi*, it suggested itself to me, that it would be an excellent agent in the hot stage of fever, as above stated, and determined upon giving it a trial in the first favorable opportunity. In July last, when fevers became prevalent here, I gave it in teaspoonful doses to an adult, during the hot stage, with the result that far surpassed my expectation. It not only reduced the heart's action rapidly, but at the same time brought about free diaphoresis; its action was so certain in every case, that in my pill bags it soon occupied the space set apart for the *pulvis ipecac. et opii*.

I used it in the form you recommended, excepting water instead of the camphorated tinct. of opium, for no other object than to render its administration more certain, being easier telling when a teaspoon is full than when only two-thirds.

R. Sat. Tinct. Veratrum Viride,	-	i℥
Spts. Nitre Dulcis,	-	i℥
Water,	-	i℥

(I gave it indiscriminately in every temperament and age, and to the extent of producing free emesis, and found no bad effect when it was given to the extent of producing emesis; it also produced considerable prostration, but that, together with the vomiting, would cease spontaneously in one or two hours



after withholding the medicine, at which time I would invariably find my patient in a profuse sweat, and in a fine condition for the administration of quinine, and, if given freely, had no return of fever.)

It would produce such profuse sweating and relaxation, that I sometimes thought it was a great pity Sam. Thompson had not known of it; it would have been such a saving to them in the way of fuel, expended for making steam. It acted so well in my hands, that I suggested to my friend, Dr. Greyston, of this place, to give it a trial also, which he did with as favorable a result. I will give briefly a few cases:

Master Hardman, aged 10, after a chill, had suffered three days, with a high grade of fever, with a very slight remission, if any, in spite of the Dover's powders he had taken every two hours, in proper doses, and *bitter* herb tea, as recommended by Dr. S. of this place; at this time I saw him, and found him talking incoherently; as you would expect, at this stage, skin dry and hot, tongue and mouth dry, &c. I gave him one-half of a teaspoonful of the mixture every hour, until he had taken seven doses, when he commenced vomiting freely, and continued to do so for about one and a-half hours, when it subsided, leaving him in the condition I have above stated, sweating freely, pulse reduced to about 90; I gave quinine freely, and he had no return of the fever.

The above case will answer in every particular for a number of other cases with the same result.

A case that I think is as much to the point, was the following: a Mrs. E. was attacked with a continued form of fever; I had got out of the saturated tincture; I had some more preparing at this time, and I was compelled to use the Dover's powder as a substitute, which I gave freely, alternating it with spts. nitre for three days; but the fever went on, regardless of my dosing. I remarked to the lady, that it seemed a difficult matter to get her into a sweating stage. "Oh!" said she, "Doctor, you must not wait to get me to sweat before you cure the fever; for if you do, you will let me die. For Dr. Leaper, of Ohio, tried ten days once, when I had the fever, to make me sweat, and could not, and had to cure me without it; I never

sweat, Doctor, sick or well." I still continued my Dover's powders, with all the adjuncts I could bring to bear, for three days longer, when I had almost concluded with the Ohio Dr., to cure her without sweating. I thought, however, my tincture had some strength, and I gave it *ad libitum* until I produced free emesis—a very profuse sweating. I gave her four grains of quinine every three hours, without any return of the fever; and here it will not be out of place to say, that I have found no case of fever during the past summer, (and we have had a great many on the Wabash the past summer and fall,) that has not given way with this size doses of the quinine.

I submit the above for what they may be worth, only hoping that some of my medical brethren, whose discriminating powers are better than my own, will give it a further trial. I have used it in but one case of pneumonia; but I believe it will be a great adjuvant in the treatment of that disease.

Yours, respectfully,

Prof. N. S. DAVIS.

J. R. MILLS, M. D.

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[We insert the following Letter with pleasure, as we do almost everything calculated to draw attention to our indigenous *Materia Medica*.—EDITOR.]

ARTICLE III.—*Intermittents and remedies.*

DOCT. DAVIS,—Dear Sir,—It strikes me that in writing for a Medical Journal, our object should be to communicate some important facts relating to the *Practice of Medicine*.

I have endeavored in this article to fulfil this principle. I take the liberty to send it to you to dispose of as you think best.

Should you deem it possessing sufficient merit to be entitled a place among the pages of your Journal, it will gratify the writer, whose object has been to accomplish good to the medical fraternity, and hope its perusal will suffice to induce my brethren to ponder on the importance of the subject.

Ever since the middle of the seventeenth century, *Cinchona* has been the great remedy for intermittents. Its use has been

almost universal as the specific, the *sine qua non* for miasmatic fevers or periodics.

Its use has grown into a *mania* among the people and profession. It is quinine, first and last—the *alpha* and *omega* in treatment.

However, the last few years, a chosen few have been awakened to a consideration of the article, and some prejudices have arisen unfavorable to its merits.

And we are happy to record, that it is yielding to legitimate medicine and inductive philosophy. That persistence in error does not always continue to sway the world. I would not be understood as totally discarding quinine in medicine or in intermittents. But that it has been overrated, been rode as a *hobby*, and *hobbyism* I detest. That there are equally as good and better remedies than *Cinchona*, or its *alkaloids*, for *fever* and *ague*, is what I would inculcate; that this is not the specific *par excellence*; that we have indigenous remedies far preferable as a curative, as feasible preparations, and at less expense. Quinine will certainly stop the chill; but sure as *fate*, it will again return upon slight exposure. In primary agues, it does very well, but in secondary protracted cases, other remedies are more certain and reliable.

Quinine is mobile in its effect, not imparting tone and vigor to the nervous centres; hence the great proclivity to relapses.

Let us not persist in its use, when our understandings are enlightened as to its inferiority in comparison with others. Wherever intermittents prevail, I have no doubt as to indigenous specifics. Let me furnish you a brief sketch of a few of the indigenous remedies of Illinois, equally as powerful and certain as quinine, dispensing with the trouble and expense beside of going to South America for an antidote, for we have it at home within our reach.

The *Hickory*, (*Juglans*) so common, is an excellent anti-periodic—the inner bark of either varieties in decoction. Hickory tea can be recommended as a safe and effectual remedy in cases of simple and confirmed agues.

The *Wild Crab Apple*, (*Pyrus malus*) is another, growing so plentifully in the West. A decoction of the root forms a good remedy for chills.

The *Poplar* (*Populus tremuloides*) is a superior remedy, and can be much relied upon.

Dogwood (*Cornus sericea*) is another powerful antidote, superseding by far the use of Cinchona, or any of its preparations, in cases of long standing.

The *Branch Willow*, (*Salix alba*) found along the margins of our creeks. The root or inner bark, in decoction, is an old and well-known remedy in fevers of the South, and cures chronics more effectually than quinine. Its alkaloid (*salicin*) is being much used.

The Chestnut, especially *Horse-Chestnut*, (*Æsculus Hippocastanum*) furnishes another remedy in the list.

Decoction of the corn blade and of corn meal will cure simple intermittents.

A decoction of Hickory, Willow, and Dogwood barks, one-half ounce each to a pint of water, taking a half glassful every two hours between the paroxysms, will cause them to succumb to its herculean powers! Or a decoction of any one single bark, one ounce to the pint of water, and dose one-half glassful, will fulfil its prescribed mission, that of curing as many, if not more, intermittents as *Cinchona* or *Quinine*.

If I were to select a foreign remedy for obstinate intermittents, it would be the *Faba sancti ignatii*—its extract, a half grain twice a-day. It is a reliable tonic, invigorating the nervous centres, thus preventing relapses. I have used it in my practice with beneficial results, and have not as yet known of its failure. It acts upon the emunctories, the skin, the kidneys, and bowels, increasing their functions—rendering it a very rational remedy for miasmatic fevers. I would be very much pleased to have some of my professional brethren test the above remedies, and report their experience. It is a subject which demands your consideration and investigation. Let us hear from our *Western Doctors*, that have dealt so much with the ague for the past few months.

Truly yours,

A. E. GOODWIN, M. D.

Rockford, Ill., Dec., 1855.

ARTICLE IV.—*Proceedings of the Annual Meeting of the Esculapian Society, held at Charleston, November 28th and 29th, 1855.*

THE Meeting was called to order by the President, Dr. T. D. Washburn.

The Secretary being absent, Dr. C. Hamilton was appointed Secretary *pro tem*.

The proceedings of the last meeting were read and adopted.

The roll of Members being called, about twenty were found in attendance.

Two of the Censors being absent, the President appointed Drs. D. W. Stormont and E. C. Banks, Censors *pro tem*.

The Censors retired to receive applications for membership.

On motion of Dr. York, ordered that the Secretary notify those members, who have been absent from the meetings of the society for the last two years, that unless they attend the next meeting, and fill the requirements of the by-laws, they will be considered as no longer members of the society.

The Censors came in and reported favorably on the application of the following gentlemen:

Drs. H. J. E. Balch, of Georgetown; J. W. Cameron, and — Chambers of Charleston; and J. Y. Hitt, of Sullivan.

Whereupon the Society proceeded to ballot on their application and they were unanimously elected.

On motion of Dr. Banks, ordered that any member who shall divulge the name of a person who shall apply for membership, and be rejected, shall be fined in the sum of five dollars for each offence.

The reading of essays being in order, Dr. Davis, of Paris, read a lengthy and interesting essay, on the cause and treatment of epidemic dysentery, relating several cases which occurred in his practice.

This essay elicited a spirited discussion, which was participated in by many of the members.

Dr. York gave an historical account of the same disease as it prevailed in and around Paris, reporting orally the treatment of several cases.

EVENING SESSION, 7 O'CLOCK, P. M.

Society met at the Court House, where a large assembly had

collected to hear the public addresses. Dr. York, V. P., in the chair, called to order, and introduced to the audience, Dr. D. W. Stormont, who gave a very spirited and interesting address, on the subject of medical societies.

After which, the President delivered his valedictory address, which elicited the applause of the audience.

The audience was then dismissed, and the society called to order by the President.

An interesting case was reported by Dr. Richmond, the treatment of which was freely discussed.

On motion of Dr. York, the society then proceeded to the election of officers for the ensuing year.

The following gentlemen were unanimously elected to the offices attached to their respective names:

Dr. S. York.....	President.	Dr. E. C. Banks.....	} Censors.
„ D. W. Stormont.....	Vice President.	„ — Chambers .....	
„ C. M. Hamilton.....	Secretary.	„ John Tenbrook .....	
„ T. D. Washburn.....	Treasurer.	„ F. B. Payne, and C. Johnson	

On motion, adjourned to meet at the Court House to-morrow morning, at 9 o'clock, A. M.

THURSDAY, 9 O'CLOCK, A. M., NOVEMBER 29TH.

Society met as per adjournment, and was called to order by the President.

On motion of Dr. Washburn, it was ordered that the President, Vice President, and Secretary, be, and they are hereby constituted *ex-officio* a publishing committee.

On motion, the Secretary was ordered to procure such books and stationery as may be necessary for the purposes of his office.

On motion of Dr. McClure, the Secretary was directed to inform all members who are in arrears, of the amount of their indebtedness, and request immediate payment.

On motion, the society proceeded to elect delegates to the State and National Association, which resulted as follows:

Drs. S. York, E. C. Banks, John Tenbrook, and W. B. Duffield, to the National Association, with power to appoint substitutes.

Drs. James H. Steel, A. McClure, J. W. Cameron, and T.



D. Washburn, to the State Medical Society, with power also to appoint substitutes.

On motion of Dr. Davis, ordered that the next meeting of this society be held at York, on the last Wednesday in May next.

Dr. Richmond, chairman of a committee appointed at the last meeting of this society, to prepare a bill and memorial to the State Legislature, praying for an act to legalize the dissection of dead human subjects, and other purposes, made a lengthy report, which was ordered to be printed.

On motion of Dr. Mitchell, our delegates to the State Medical Society, were instructed to obtain the concurrent action of said society with ours in procuring the above action of the Legislature.

On motion of Dr. Chambers, ordered, that our delegates to the State Medical Society, be instructed to urge upon said society, the importance of taking steps to secure the passage of a Registration Law.

On motion of Dr. Banks, resolved, that this society unanimously request of Dr. Stormont, a copy of his public address for publication.

Resolved, that this society unanimously request of Dr. Washburn, a copy of his valedictory address for publication.

In conformity with the constitution, the President made the following appointments for the next meeting of the society.

Drs. Washburn and Chambers to read essays on substitutes for Quinine. Drs. Hitt and Balch to read essays on subjects of their own selection.

The following members were appointed chairmen of a committee of their own selection, and to report on the subjects annexed to their several names.

Dr. E. C. Banks	on Surgery.
„ F. R. Payne	„ Practical Medicine.
„ — Chambers	„ Epidemics.
„ John Tenbrook	„ Midwifery.
„ J. M. Logan	„ Indigenous Botany.
„ D. W. Stormont	„ Chol. Infantum.
„ A. W. McClure	„ Topography of Wabash Valley.

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| „ D. O. McCord   | „ Intermittent Fever. |
| „ H. W. Davis    | „ Pn̄umonia.          |
| „ J. S. Richmond | „ Typhoid Fever.      |
| „ C. M. Hamilton | „ Prolapsus Uteri.    |

On motion of Dr. Washburn, Resolved, that the thanks of this society are tendered to the members of the profession in Charleston for their generous accommodation and kind attentions during their present session.

Resolved, that at each annual meeting this society may elect two honorary members who shall not reside within its territorial limits at the time of the election.

On motion of Dr. Washburn, Dr. — Clippinger, of Terre Haute, Indiana, was unanimously elected an honorary member of this society.

On motion of Dr. Davis, Dr. E. Reed, of Terre Haute, was unanimously elected an honorary member of this society.

On motion of Dr. Banks, Resolved, that the thanks of this society are due to Dr. T. D. Washburn for the able and impartial manner in which he has discharged the duties of President, during the last year.

On motion, the Secretary was instructed to forward a copy of the proceedings of this meeting for publication in the N. W. Medical and Surgical Journal. Also, that he furnish a copy to the editor of the Charleston Courier, requesting the editors of the Paris and Marshall papers, Greenup Tribune, and Vincennes Gazette, and all papers desirous of promoting the interests of our society, to publish the same.

On motion, society adjourned to meet at York, Clark Co., on the last Wednesday of May next.

S. YORK, M. D., *President.*

C. M. HAMILTON, M. D., *Secretary.*

## SELECTIONS.

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*Milk Sickness, Poison, Tires, &c.* By W. H. BYFORD, M. D.,  
of Evansville, Indiana.

All the above synonyms are used to designate a well-marked and distinct disease which prevails over a large district of the U. S. A., but which is ignored by every systematic writer on medicine that I have ever examined. Its very existence is denied by many eminent and influential men in the profession. These circumstances serve to exclude it from the approved works on the practice of medicine. Hence all young practitioners are deprived of the proper source of information on the subject. These considerations, I think, justify journalists in occasionally admitting to their pages even rigidly systematic essays upon it, for the benefit of the junior members of the profession, provided that such is the result of the experience of the authors. This preliminary will sufficiently indicate my purpose, Mr. Editor, in offering you the following paper for publication.

Very generally there is a preliminary stage, marked by obvious symptoms. Less frequently the access is sudden, and not preceded by prodromic phenomena. Under the former condition of things, we may expect a more protracted but less severe case; while from the latter circumstance, more gravity in its symptoms and effects and shortness of duration are to be apprehended. The nervous system and digestive organs are the more prominent subjects of premonitory derangement. Lassitude, muscular debility, trembling of the extremities, uncertainty and unsteadiness of gait, easily induced fatigue, shortness of breath, and palpitation of the heart, often present in the precursory stage, make up that ensemble of symptoms known by the name of tires. Connected with these symptoms, we have loss of natural appetite, craving for ardent spirits, nausea, and, upon much exertion, vomiting, sense of oppression in the epigastric region, constipation, and that general but vague uneasiness which renders the patient restless and sleepless. Sometimes, however, he is dull, stupid, and indifferent to surrounding circumstances.

After the continuance of the above symptoms for a longer or shorter time, or in cases where they are not present, in consequence of the application of some exciting cause, the disease commences to manifest itself in a decided manner, when the

following state of things may be observed : urgent thirst, vomiting every few moments, with distressing nausea between times, loathing of food, burning sensation and feeling of weight or load on the stomach, and obstinate costiveness, which, when we first see the patient, has probably lasted for several days. The substance ejected from the stomach may be the ingesta merely as water or food with a little mucous, but nearly always it is colored, light green, blue, indigo, or so very dark as to seem black. Upon examination of the ejected material, it will be found composed of two parts, which separate soon after it is discharged into a transparent liquid, nearly or quite colorless, and a more solid collection of coagula (probably the mucous secretion of the stomach) floating in it. The different color of the solid portion causes the various shades of color above mentioned. The taste of this ejected substance is sour, acrid, and sometimes, in the latter stages, otherwise offensive. It generally effervesces with the sup. carb. soda. Often, in the latter stages, it is so very dark as almost precisely to resemble black vomit. The alvine discharges which take place spontaneously, are very dry, scanty, and difficult to extrude, often assuming the shape of small, hardened balls, not generally altered much in color or other properties, except in respect of moisture. The abdominal parietes are retracted and hard, and the pulsations of the abdominal aorta are visible, and perceptible to the touch from the epigastrium to its division. This phenomenon, no doubt, results from the dryness of the feces and lack of fluid and gas in the bowels, thus rendering their contents better conductors of motion. The surface is generally dry, but not more commonly elevated in temperature, and is usually of a dingy or dirty color. The tongue is almost always coated with a white, brown or yellow layer. The pulse, in the majority of cases, early in the disease, is not much or remarkably altered, perhaps not at all. The breathing is generally more or less embarrassed by a sense of oppression or weight on the chest, interrupted and sighing. This oppression is often a prominent and distressing symptom. A peculiar fetor emanates from the lungs and mouth, which may be regarded as characteristic, and, when once observed, will be readily recognized by even a superficial observer. This smell is so remarkable, and sometimes so strong, as to be perceptible anywhere in the room, adjoining rooms, or even several yards from the house. Experienced practitioners might, in many instances, form their diagnosis before entering the house, from the peculiar odor on the premises. It is not uncommon, in bad cases, for delicate and sensitive persons to be so much affected by this oppressive and disagreeable smell, as to render them incapable of remain-

ing at the bedside, or in the room of the patient. Its almost corrosive pungency would convince an unbiased observer, through one of the senses at least, that there was a peculiarity in it. Comparison being one of the best means of acquainting a person with an unfamiliar subject, I have sought and found one which I think will be regarded as appropriate.

It resembles, almost exactly, a strong odor of chloroform, mingled with the smell of animal secretions. Say a smell of chloroform and the breath of a patient salivated, and we would have it almost precisely. The kidneys secrete scantily, and the urine, though not altered in color or appearance, emits the same odor of the breath. The spirits are dejected, and the patient is despondent. Should no relief be afforded, and the disease continue to advance, the respiration is more embarrassed, and accompanied by a sense of sinking, or as of a void which the patient is unable to fill by the most strenuous efforts at inhalation. The irritability of the stomach increases. The ejected matter, if not dark before, now becomes very dark and scanty, having the appearance of coffee-grounds, and is thrown about without any regard to cleanliness, and with very little effort, the patient either being listless and apathetic, or employed absorbingly with the respiratory efforts. The surface becomes cold, the pulse is small, frequent, and finally fails, which often occurs several hours before death. Not unfrequently, some time before death, while the pulse is small, frequent and weak, the respiration is slow and irregular, to such a degree as to lead the bystander to believe that it is entirely suspended; coma supervenes, which gradually deepens into death. Again, in some cases, after the lapse of several days or a week from the commencement, the bowels either act spontaneously, or having been moved by cathartic medicine, become swollen, tympanitic, irritable, and painful, the discharges are watery, with mucous flocculi floating in them, tinged with blood, or scybalous and foetid. The tongue is dry, red and chapped, or coated with a dark, dry fur, teeth covered with sordes, the fauces dry, red, stiff and sore, deglutition difficult, regurgitating emesis of the dark fluid above described, dorsal decubitus, with knees drawn up, retained urine, (often,) coma, small, frequent and weak pulse, hot abdomen, and cool or cold extremities. The inferior maxillary falls, the eyes become suffused with mucous and tears, and injected, and death, after a period varying from several hours to several days, gradually steals upon the patient. If, however, the case is to terminate favorably, after a few copious alvine discharges, the burning sensation at the stomach with the nausea becomes less, the vomiting gradually subsides, mus-

cular debility becomes less, the tongue cleans off, the patient experiences a returning but capricious appetite, desiring apparently the most inappropriate diet. The smell of the room is more tolerable, and a protracted convalescence ensues, attended, unless carefully guarded, with many of the symptoms detailed as sometimes promonitory, and not unfrequently their chronic continuance encourages the popular opinion that it never can be entirely eradicated from the system. Occasionally, though not usually, in slight cases, the convalescence is more rapid and complete in a few days, leaving the patient in the enjoyment of good health.

The above is a description of what may be called the simple variety, in contradistinction to two other forms which it sometimes assumes. It is by far the most common met with in this vicinity at the present time. The two varieties alluded to may be termed, according to the nomenclature in vogue, congestive and inflammatory, according as the attending phenomena indicate the presence of either of these general conditions of the system. The congestive variety is very rapid in its progress, and among the most fatal diseases, equalling, in mortality, (according to the number of cases,) the most fearful varieties of congestive miasmatic fevers of the same regions. This is probably the character which the disease more commonly assumed in the earlier periods of this country's history, as it was then considered the most surely fatal of diseases, in which death usually ensued in a very few days. After suffering from the premonitory symptoms some time, or, otherwise, violent vomiting and incessant retching, a sense of impending suffocation, extreme anxiety, insatiable thirst for water, and often for alcoholic liquors, coldness of the extremities, a profuse, watery perspiration, small, weak and frequent pulse, a glassy appearance of the eyes, great prostration of strength, restlessness, jactitation, suppressed urine, and a wandering condition of the intellect, soon convince us of the great danger of our patient. And the peculiar smell, the condition and appearance of the abdomen and bowels, the almost insatiable thirst for alcohol, and other characteristic symptoms, plainly indicate to the experienced the true nature of the disease. Often this catalogue of symptoms continues without much change, except in intensity, for from twelve hours to two or three days, when, if relief is not afforded, death closes the scene. In other instances, and they are not unfrequent, coma supervenes upon these symptoms, or without much coldness or change in the pulse, and continues to the end. This form of the disease has never, in my experience, presented itself in any other class of patients



than the enfeebled or old and decrepid, or supervened upon the simple form; but I am informed, by reliable and intelligent practitioners, that it is not so restricted where the poison is more violent and concentrated—that even the most robust succumb to this array of symptoms in a very short time.

The inflammatory is midway, in respect to fatality, between the two already described, and although more frequent than the congestive, is fortunately not so common as the simple. The distinctive symptoms are, high arterial excitement, severe headache, heat of the surface, flushed face, sometimes delirium of an active character. Often there is tenderness on pressure over the stomach and bowels. The pulse is full, hard, and somewhat quickened, ranging as high as 100 to 110 in the minute. Otherwise, the symptoms do not differ from the simple kind. Here we have much reason to fear the existence or supervention of active inflammation in the stomach and bowels. Besides these forms, it may be complicated with any of the endemic or epidemic diseases of the country in which it prevails, and not unfrequently in the debility consequent to or attendant upon the progress of these maladies, it finds an efficient exciting cause.

It would be obviously unnecessary to draw a differential diagnosis in which to pass in review all the diseases which in the least resemble it. The flatness and pulsation of the abdomen, obstinate costiveness, dry condition of the fæces, vomiting the peculiar substance described, oppressed respiration, and, above all, the unmistakable and unique odor of the breath and everything about the room of the patient—perhaps I might add, also, the often unbecoming and indelicate yet urgent thirst for ardent spirits—form a picture that is hard to match by either any whole or parcels of disease. It is a matter of no small difficulty to speak with accuracy of the anatomical appearances of this disease, as the prejudices of the people in new countries prohibit, in most instances, (where it is most prevalent,) post mortem examinations. Dr. Trafton, who has examined several cases, says that he has found superficial inflammation of the mucous membrane of the stomach, with a rigid contraction, amounting to closure of the pyloric orifice, a dry condition of the fæcal contents of the bowels, and almost complete absence of gas. The fæces are generally so dry that they are unusually hard, and seem to contain no fluid. No appearances of disease elsewhere, worthy of note, were observed. In examining animals that die of this disease, the half-digested food in the stomach is found formed into hard, round balls, often, by the peristaltic action of that organ, of

various sizes; and the fæces in the large bowels are so dry as that they readily crumble into powder upon the application of slight force. Some observers have found—in the congestive form, I suppose—obvious injection of the membranes and substance of the spinal cord, brain, and sometimes effusion of serum, and even blood. These appearances readily account for the additional symptoms presented in this variety of cases. The inflammatory form we would expect to present evidences of inflammation in the different viscera to which the symptoms pointed during life. But I have no reports from which I can adduce demonstration. Instances, no doubt, occur in the simple variety, after a protracted duration, which would exhibit post mortem appearances of treatment as well as the disease. And I make this observation, not as a censure or criticism upon any course of management; for in no other disease, so frequently encountered and cured in this country, is there so little harmony among medical men, as to the nature of the disease or its proper curative requisites. And here I may venture the remark, that, often, enough allowance is not made in examining subjects, dead of idiopathic diseases in general, for the local appearances induced by extraneous agents. Probably, too, disputes have arisen among eminent medical men as to their nature, from a want of such considerations. The prognosis of simple cases, if properly treated, may be almost always favorable, and they often get well without much treatment, and occasionally in spite of improper management. A strong asthenic tendency or inflammation of the bowels, manifested by tympanites and soreness, with mucous and foetid dejections, augur badly. In the congestive form, the patient is imminently dangerous, and our prognosis should always be unfavorable, owing to the degree of congestion. But the worst cases may often be cured by active and appropriate interference early in the disease.

In approaching the etiology of milk-sickness, I am aware that I encounter a perplexing question. Hypothetical facts, in countless numbers of causative agencies, have been presented, yet all are unsatisfactory. Vegetable, mineral, and miasmatic etiological phantoms have been marshalled to support the favorite hypothesis of different speculators, and have vanished before scrutiny as suddenly as their legendary representatives before the light of day. But much that is profitable of the circumstances under which it is observed to prevail, is known. Certain localities are known to be more prolific of its propagating poison than others. Their physical characteristics are not peculiar. It is in hills, valleys and ravines, on bottom land and

the "flats," as they are called. Its localities may be clothed with timber, underbrush and herbage of every description common in the West and South. To give the northern, southern, eastern or western boundary of the district in which it prevails and has prevailed, would be impossible with the data in my possession. The virgin soil, in its own contents or spontaneous productions, is the fountain of the poison, and, with slight exceptions, perhaps the whole West and South-West contain sections of greater or less extent which have produced the disease during some time in their redemption from their forest condition. The autumnal period of the year is by far the most productive, although it may occur, in a more limited degree, during any season of the year. For the most part, like miasmatic fever, it disappears upon the accession of severe frosts. Its prevalence is favored by dry weather, a dry fall being much more favorable to it than any other. That man is sometimes the original recipient of the poison, there can be many cases brought forward to prove, without violating the latitude of propriety generally given in observations of the kind. It is freely admitted, at the same time, that a large majority of patients receive it from poisoned animal food, as beef, mutton, butter, &c. Indeed, it has been so common, and the people are so well aware that milk may impart the disease, that it has been named milk-sickness by almost universal consent. Whatever this poison may be, some of its effects resemble very closely the phenomena produced by the recognized animal poisons, in some respects at least. One of these is, that it undergoes multiplication in the system. From a small amount received, it may be through the stomach or lungs, it so far increases as to make every part of the system through which it circulates so virulently poisonous that very small portions eaten set up the same action in another animal, and so the process probably might be carried on *ad infinitum*. The calf that takes it from the milk of its mother, by its flesh may impart it to man. Or, as is frequently observed to be the case, a dog may receive it from the calf and impart it to the buzzard that eats his flesh, and the latter, unable to rise, dies on the ground. The skinning of cattle dead from this disease, often imparts to the person performing this operation, by the effluvia emanating from the exposed body, the most virulent form of the disease. Is there any vegetable or mineral poison which, after having gained admittance into the system in sufficient quantities to produce death in the victim, imparts so much of its own substance to a small handful of the flesh, or insinuates itself so universally and copiously into every drop of the fluids, as to cause death by the ingestion of

the former or the inhalation of a small snuff of the latter, while emanating in imperceptible vapor from the denuded animal, to awaken a destructive action in a healthy one similar to the disease of which it had died? If so, what can it be? Certainly, nothing with the *modus operandi* of which we are acquainted. The length of time that the poison remains in the system, without starting the train of morbid action, will vary, from several circumstances, viz: the intensity of its power, or the quantity of it; the capacity of the system to resist disease; and absence of any exciting cause. When sufficiently intense, there is no doubt that it immediately overcomes the power of resistance of the system, and the disease is awakened suddenly into existence. This is more likely to be the case in persons previously debilitated by other diseases, exposure, or scanty living. Sometimes, however, such is the case with the robust. More frequently, a considerable time elapses before it breaks forth actively. Lactation seems to exercise a protective power, probably by eliminating the poison through the secretion. Quietude of body and of mind is also favorable to resistance. One of the most effectual exciting causes is fatigue produced by exercise to lassitude. This is so well understood by the people, that they often test the soundness of their animals by chasing them until they are fatigued, when, if the poison is lurking in their system, they will easily tire, tremble, and fall, or lie down. Fatiguing exercise produces the same effect upon man. Excesses in the use of ardent spirits is a powerful source of evil in individuals exposed to the action of the poison. Gluttony, or eating diet of difficult digestion, the debilitating passions, protracted exposure to the heat of the sun, awaken the disease in persons predisposed.

What is the nature of this disease? Some of the learned of our profession doubt the existence of it as a distinct affection, and merge it into some of the already recognized and described maladies. Some describe it as gastritis; some cerebro-spinal meningitis; others regard it as bilious vomiting, or miasmatic fever, &c. It is a matter of astonishment to all who are practically acquainted with it, that their opinion should be questioned, their intelligence and judgment called to account, when they pronounce it a disease *sui generis*, and that, too, not upon correct theoretical grounds, but upon the presumption of closet critics, who have never seen it. It is also as astonishing as it is detrimental to the interests of the medical profession, particularly in the West, that a good and reliable section on this disease cannot be found in any of the deservedly popular text books. Indeed, the young practitioner, here and else-

where, where it prevails, must learn all he knows of it from his neighbors—from the people themselves; and this, too, upon a very frequent disease. It is to be hoped that the prejudices of authors will not long thus deprive us of so valuable a part of their books, if they desire them to be read and approved by a large and respectable portion of the profession. It is regarded as a real, *bona fide* disease, and not a creation of the brain, by a large majority of the physicians in whose midst it prevails, and it is unfair not to listen to their testimony, and, if possible, supply their wants. I think I represent the general opinion of medical men of intelligence where it prevails, in saying it is a blood disease—that it pervades, through this fluid, the whole system, and that local inflammations and congestions are not essential accompaniments, and occur, as the effects of the long continuance of irritation, as of the stomach or the separate but contemporaneous action of their own causes. Is there any disease but a blood disease that emits a peculiar odor? We talk of the smell of typhus and small-pox, but we do not think of experiencing any peculiar odor in pneumonia or gastritis. This distinction is so well understood, that we expect an idiopathic fever instead of inflammation, when we detect an unusual smell about the patient which cannot be accounted for in any other way than by exhalation from his person. Individuals, who have paid any attention to the smell of blood in a dissecting room, will readily discover a difference in the odor of cholera and fever patients, from those who die of inflammations.

With respect to treatment, experience proves that in the simple form the all-important indication is to open the bowels and keep them in a soluble condition throughout the management of the case. Upon the early fulfilment of this indication, success depends. This irritability of the stomach is a seriously embarrassing circumstance, and should, as far as possible, be removed. Too much time and attention must not be devoted, however, to this symptom, for at first our attempt will generally prove abortive, and we should remember that it ceases, for the most part, spontaneously, so soon as free alvine evacuations are procured. The most that is deemed advisable in the commencement, is the application of sinapisms to the epigastrium, and the administration of pellets of ice to allay the burning sensation of the stomach. We should not hesitate to begin, without waiting for any decided effect from remedies to allay vomiting, the administration of, and frequently repeat, purgatives until they operate. A Seidlitz powder, with a double proportion of salts, every hour, is an agreeable as well as effectual agent for this purpose. Or, one drachm each of cream tart. and white sugar, in two

ounces of infusion of Senna, given as frequently. Compound powder of jalap may also be used in teaspoonful doses every hour, in syrup. Rochelle and epsom salts, &c., are quite available in many instances.

Probably a part of each dose of any of these medicines will be retained, although vomiting continues. The quiescent condition of the stomach, immediately succeeding the act of vomiting, is the best time to give the medicine. By persevering in giving the medicine, notwithstanding the rejection of the most of it, changing from one of the above mentioned articles to another as the patient becomes tired of any one of them, we may, generally, in the course of twenty-four hours—sometimes sooner, sometimes a little later—procure free purgation of fluid fæces, when our patient will be much relieved. Conjointly with the administration of medicines per orem, we may introduce them per anum. After we have made some peristaltic impression on the bowels, and not before, I think, will it be worth while to trouble the patient with injections. Judging from my own experience, we need not commence them in less than twelve or eighteen hours after we begin with the cathartics. Much the most effectual way of using them is to pump through a tube a large quantity of warm water high up in the colon; say from a half to a gallon at a time, with epsom salts dissolved in it, or oil floating on it. One of these injections, well-timed, will shorten the duration of suffering many hours, in the most of cases. It will be seen that the purgatives recommended are hydrogogues, such as induce serious infusion from the intestinal tube. This, I think, is a subject of no small importance, as they operate with more facility, and relieve by furnishing the fluid in which to suspend the dry, hardened fæces, and thus provide for their easy expulsion.

Many practitioners rely on the salts of opium to allay the irritation of the stomach before they commence the purgative plan. But, although I have used them, I do not now—and, when I did, have in every instance regretted having done so—from the fact that they have failed to have the effect, in the most of cases, and always rendered the bowels difficult to move. Yielding to the appetite for strong drink, some practitioners—among whom I may mention my friend Dr. DeBruler, for whose opinion I have the greatest respect—allow whisky, wine, or brandy, *ad libitum*, at the same time they give the saline cathartics; epsom salts and whisky being, as they say, all that are necessary to the cure. Others rely upon large and frequently repeated doses of calomel, because less easily rejected from the stomach, while it effectually operates upon the bowels.



But the bad effects of a protracted salivation, which I have seen follow this plan, and sometimes even worse effects, have deterred me from using this mineral with such freedom. An ingenious and (according to Dr. Bacon, its originator) highly efficacious method of treating the early stages of this disease, is to administer large boluses of blue mass—so large that they cannot be ejected on account of the weight and size. One every half hour or every hour until free discharges are procured. And if there is more than ordinary delay in their action, the Doctor punches a hole in the centre of the boluses, introduces a drop of croton oil. Dr. B. tells me he does not fail to get free evacuations in less than twenty-four hours by this plan. Antacids, though apparently indicated, are of little use until after evacuations have been produced, when they are grateful, and help relieve the burning in the stomach. In the subsequent management, the bowels he kept free by medicines which produce thick and consistent operations. A pill, of equal parts of rhubarb, aloes, and capsicum, is one that answers the purpose very well. If the liver should fail to act with the bowels, a little blue mass is all that I have found necessary. It is often the case that the stomach does not regain its vigor for some time, and will need some aid from the bitter infusions, quinine or some of the ferruginous preparations. Ordinarily, the above treatment will be sufficient to conduct the patient through a simple attack to a speedy recovery. But, in grave cases, and where they have not been treated early, it is often otherwise. When the bowels begin to move, although the stomach is somewhat relieved, the distress in a great measure continues, there is tenderness on pressure over the epigastric region, and inflammation as the result of intense or protracted irritation. Under these circumstances, mucilaginous drinks, cooled with ice-water, and a blister over the stomach, will assist very much in the case. It is always best in these cases, as far as practicable, to keep the bowels open by injections, instead of using cathartics by the mouth. In another set of cases there is great debility, indicating the use of stimulants. The carb. of ammonia will often give great relief; but egg-nog, brandy, and sul. ether often become necessary, and should be freely used with animal broth, &c. We may support the circulation, too, by blisters to the extremities, when these are cold. In the inflammatory form, while attending to the treatment essential to the simple form, it will also be necessary to take blood to an extent sufficient to subdue arterial reaction or inflammatory complications, being guided by the general principles governing this condition in other circumstances, strong pulse, heat of the

surface, &c. Much activity and energy and treatment are the only conditions of success in the congestive form.

Injections into the bowels, of warm water, and, in the more algid and prostrate cases, brandy and turpentine should be added. To injections into the colon of the size and character above mentioned, put two ounces of the oil of turpentine and the same quantity of brandy. At the same time, friction of hot oil of turpentine to the extremities, or large sinapisms, if the coldness and prostration be great, may be applied so as almost to cover up the legs and arms with them. If these are not at hand, or in conjunction with them, hot bottles of water, the steam bath, hot bricks, or irons, applied all around the limbs and body of the patient, will aid materially in giving energy to the almost overwhelmed functions. Internally, it will be well to make warm whisky or brandy toddy the vehicle for the administration of the purgative medicines so necessary in the treatment. Should we succeed in bringing about re-action, and reducing, by external and internal stimulants, the case to either the simple or inflammatory form, the treatment must be conducted in the manner described above. It is not uncommon, in cases of this kind, for the head, chest and abdomen all to be preternaturally warm, while the extremities are cold. In such, internal stimulants are not well borne. The external, however, may be used as above directed, while cold water and ice will advantageously succor us, when applied to the trunk and head. As palliatives during the progress of disease, soda, lime water, chalk, &c., when they can be used without interfering with the more necessary remedies, will be very agreeable. Yeast is also said to be very grateful to the patient, and useful in allaying vomiting. This was a favorite remedy with the late Dr. Trafton, of this place, who attributed effective curative virtues to it. It is but a just tribute to the memory of the late Dr. Wm. Trafton, to say that more is due to him for the successful management of mink-sickness, than any other man in this part of our State.—*Nashville Journal of Medicine.*

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### BOOK NOTICES.

*An Introduction to Practical Pharmacy:* Designed as a Text-Book for the Student, and as a guide to the Physician and Pharmaceutist, with many Formulas and Prescriptions. By EDWARD PARRISH, graduate in Pharmacy, &c., &c.; with two hundred and forty-three illustrations. Philadelphia: Blanchard & Lea.

We are glad to receive this excellent work. It will supply a want long felt by the profession, and especially by the student of Pharmacy. A large majority of physicians are obliged to compound their own medicines, and to them a work of this kind is almost indispensable.

The volume is divided into parts, the contents of which will be understood from the following extract from the preface:

"In part I. are grouped several chapters of a preliminary character, among which, metrology, including weights and measures, and specific gravity, holds a prominent place; it is treated with an effort at simplicity, which should attract the student to its careful study.

Galenic Pharmacy occupies Part II.; the mode of preparing each of the various classes of permanent vegetable preparations prefaces a tabular statement of the relative strength, doses, and relative properties of the individual members.

This compact form of displaying the leading facts of the subject will be observed as a conspicuous feature of the work, and is designed to adapt it particularly to the use of the student. For making the officinal preparations, distinct and definite formulas are omitted, being given in the *Pharmacopœia*, which, as now published in a cheap form, it is presumed every physician and apothecary will possess and use. Unofficinal preparations are treated of more in detail, and hence occupy relatively a larger space. The order in which the preparations are introduced, is that which experience in the 'School of Practical Pharmacy' has indicated as best for the student; those most easily prepared are first treated of, and by gradations the more complex are brought forward; the whole arrangement of Galenic preparations being thus founded primarily upon the several processes of pulverization, solution, maceration, displacement, evaporation, and distillation, and secondarily upon the menstrua used in making them, their medical properties and uses.

Part III. is devoted to the classification of plants, giving in extensive syllabi almost all the leading articles of the *materia medica*, arranged on the basis of chemical composition.

The vague and uncertain analysis of many plants, and parts of plants, and our ignorance in regard to the real composition of many of their active principles, takes from this part of the work much of the value it would otherwise possess. Advantage is taken of these headings to introduce a variety of secondary organic products of great interest and importance, among which are the entire class of vegetable acids and alkaloids.

In part IV. the essential facts in regard to the inorganic medicines are briefly stated, and shown also in syllabi.

Part V. contains practical directions for prescribing, selecting, combining and dispensing medicines, illustrated by a considerable number of formulas or prescriptions variously written in Latin and English, abbreviated and unabbreviated. The attention of physicians is asked to this part of the work as showing many of the best modes of prescribing many of the more important drugs; it will be observed that in the selection of prescriptions for publication in this connection, I have availed myself of the skill of numerous practitioners of medicine, some of whom are well known, besides introducing many standard extemporaneous preparations which the physician often finds occasion to prescribe, and the pharmacist to prepare and dispense.

The work is certainly a very valuable addition to our professional literature, and we commend it to the favorable consideration of both physicians and students.

For sale by Keen & Lee.

J.

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*Clinical Lectures on Surgery:* By M. NELATON, from notes taken by Walter F. Atlee, M. D. Philadelphia: J. B. Lippincott & Co., 1855.

As an exponent of the practice of M. Nelaton, this work will be read with interest by the Profession in this country. The notes were taken during the years 1851-52-53-54—and may be regarded as a fair expose of Prisian surgery, at least so far as it goes.

We have marked a few passages. M. Nelaton treats fractures of the patella by applying bandages soaked in plaster, taking care that the parts are previously in apposition, and retaining them there by pressure till the plaster hardens. In a case reported, bony union was believed to have taken place.

In a case of ununited fracture of the humerus, of four years standing, we find the following remarks of M. Nelaton, together with his treatment and its results:

“A great number of means have been proposed for the purpose of curing false joints. Here, it was plain that the simple application of an apparatus to keep the parts at rest would not be sufficient. The ancient method, employed by Celsus, was to rub the fragments roughly, one against the other; but this is

very little used, and it might be asked whether the cure would not have taken place just as well without it. The seton, passed at the seat of the fracture, is a method against which a great deal has been said. There is, however, no comparison to be made between the dangers of its employment in one limb, with those of another; in the femur, for instance, it is very dangerous. Here the conditions were simple, and it could be done very easily. In case that it was found that the seton could not be passed between the fragments, it would be necessary to pass two of them, one on each side.

The seton was passed, without difficulty, between the two extremities of the bone, at the seat of fracture. Desirous of exciting a good deal of inflammation, the next day a larger seton was drawn in, and the same thing was repeated the day after. A good deal of pain, and considerable inflammation, followed their introduction. The seton was allowed to remain for two weeks, and being then withdrawn, the arm was placed in an apparatus to keep it perfectly at rest.

The man did not remain a sufficient time in the wards to complete his cure there; but I have been assured that the parts became perfectly consolidated."

We make the following extract, giving the history of the treatment of a case of ranula:

"November, 1852. A man, about forty years of age, entered the wards for ranula. The history of the treatment he had already undergone was given, in order to show the difficulty there sometimes is in treating these tumors. In the summer of 1849, he went to M. Jobert, on account of a tumor situated under the tongue; they were about to operate upon him, when the tumor opened of itself. In the month of October, the tumor had returned, and M. Boyer, at the Hotel Dieu, cut it out. Early in 1850, the swelling under the tongue, had again returned, and he went a second time to M. Boyer, who again excised it; this time the operation was upon the left side, at the other, it was upon the right. In October of the same year, it had again returned, and M. Boyer made, this time, two punctures into it, one under the tongue, and the other externally under the jaw, for the tumor commenced to show itself there. These punctures only relieved him for a short time, and in January, 1851, he went to M. Thierroy, who passed a leaden wire into the tumor, under the jaw, and left it in that place for eight days; this produced nothing satisfactory. In November, the same surgeon placed a seton in the interior of the mouth, and afterward he made a third operation, in which a seton was passed

inside of the mouth, through the tumor, and made to come out under the jaw. This last operation was followed by great inflammation, and M. Thierry being sick, M. Velpeau attended to the case; he made an incision two inches in length, into the large swelling, and the patient was relieved. M. Thierry afterward applied the instrument of Dupuytren, which resembles a shirt-button with a canal through the center. This history shows how much had been done to cure one of these tumors, and how it persisted in spite of all.

In order to cure the patient, the whole of the sac, the buccal and the submaxillary portions, would have to be obliterated. For this purpose, injections of iodine would be made use of. The membrane lining the whole of the interior of the cyst being lined by a thick viscous liquid, it must be thoroughly washed, without which the injection of iodine does not come in contact with the parts upon which it is to act.

The puncture was made with a bistoury, and, after washing the sac clean of its viscous contents, the injection was made. At the end of twenty-four hours, the tumor was reproduced; it had the same volume as before, was a little harder, and painful to the touch. Nothing more was done; things were allowed to have their course. On the fifth day, a commencement of absorption was evident in the swelling, which went on more rapidly than is usual after such injections, and the patient finally left, cured of his affection."

We have not space for further extracts. The Notes are concise, but sufficiently full to give us a clear and distinct idea of the cases and their treatment.

For sale by S. C. Griggs & Co.

J.

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*A Dictionary of Terms used in Medical and the Collateral Sciences:* by RICHARD D. HOBLYN, A. M., Oxon. A new American, from the last London, edition—revised, with numerous additions, by ISAAC HAYS, M. D., Editor of the American Journal of the Medical Sciences. Philadelphia: Blanchard & Lea, 1855.

This is a convenient little work for reference, and will, we have no doubt, continue to be a favorite with both the student and physician. Dr. Hays has adapted it to the present condition of Medical Science, by the incorporation of all those terms which have recently been brought into use.

For sale by Keen & Lee.

J.



*The Obstetric Memoirs and Contributions of James G. Simpson, M. D., F. R. S., Prof. of Midwifery in the University of Edinburgh.* Edited by W. D. PRIESTLY, M. D., Edinburgh, formerly Vice President of the Parisian Medical Society; and HORATIO R. STORER, M. D., Boston, U. S., one of the Physicians to the Boston Lying-in Hospital, &c. Vol. I. Philadelphia: J. B. Lippincott & Co., 1855.

It is unnecessary for us to say one word in commendation of this collection of Dr. Simpson's Essays. His name is indissolubly connected with the department of medicine to which he has devoted his life. His admirers in this country—and their name is legion—will be glad to have an opportunity of becoming still better acquainted with him, through this volume.

Dr. Storer, the American Editor, has long been intimately acquainted with the author, and is, perhaps, the most suitable person that could have been selected, on this side of the Atlantic, for the execution of the task assigned him.

For sale by S. C. Griggs & Co.

J.

*Physiological Chemistry*: by Prof. C. G. LEHMANN. Translated from the second edition by GEORGE E. DAY, M. D., F. R. S., &c., &c. Edited by R. E. ROGERS, M. D., Prof. of Chemistry in the Medical Department of the University of Pennsylvania, with illustrations selected from Funke's Atlas of Physiological Chemistry, and an appendix of Plates. Complete in two volumes. Philadelphia: Blanchard & Lea, 1855.

This translation appeared in England, under the auspices of the "Cavendish Society." This alone is a guaranty of the value of the work. The author, however, is already well known to the American professional public. His contributions to physiology, are incorporated into all our text-books. We had intended to give our readers a synopsis of some of the more important portions of the work, but we cannot find room, and we yield to this necessity the more cheerfully from the conviction which we feel, that every one interested in physiological science, will possess the work for himself.

For sale by D. B. Cooke & Co.

J.

## EDITORIAL.

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### *Cook County Medical Society.*

The regular monthly meeting of this society was held on the first Wednesday evening in the month, and was well attended. In addition to other matters of interest which were presented during the evening, Dr. H. A. Johnson reported the following case:

Mr. B. . . aged about 50 years, had been subjected for a considerable time to symptoms of indigestion, and in the early part of last summer, the attention of his physician, Dr. W. B. Herrick, was directed to the secretion of the kidneys. On examination, it was found that he made a *larger* quantity of urine than natural; that it was of low specific gravity, and contained considerable albumen. During the months of September and October, the Urine became much diminished in quantity, but it still contained albumen, and the symptoms of indigestion were much increased, accompanied by frequent vomiting, and often distressing palpitations of the heart.

The vomiting did not always depend on the taking of food or drink, but would recur without either, the matter ejected being chiefly a watery or serous fluid. All these symptoms continued without abatement, coupled with much nervous excitability, until sometime in the month of November, when the vomiting ceased and was speedily followed by delirium and spasmodic action in the muscles of voluntary motion. The delirium was accompanied by so much nervous excitement and disturbance of the heart's action, that a dose of morphine was administered, which lessened the excitement and produced some sleep. The bowels were then freely moved by cathartic medicine, but symptoms of coma began to be exhibited, together with decided spasmodic action in the muscles of the lower extremities. This spasmodic action extended regularly from below upward, until it involved nearly the whole muscular system, and presented the appearance of general convulsions.

The patient soon became entirely comatose, and died. The *post mortem* examination revealed no morbid appearance of importance, except in the kidneys. These were larger and more flabby than natural; color externally paler, and mottled; the capsules were softened and easily detached from the bodies; and the latter, when laid open, presented a well marked granular appearance, with a few points of pus in the cortical part.

As points of special interest connected with this case, Dr. Johnson called the attention of the Society to the connection between the diminished secretion of urine, during the latter part of summer and autumn, and the daily vomiting; the sudden supervention of delirium on the cessation of the vomiting, in November, ending in coma; and the severe spasmodic action of the muscular system, commencing in the lower extremities and extending upward over the trunk and superior extremities by a regular progressive advancement. It has long been supposed that when the pathological condition of the kidneys is such that they fail to secrete urea, the latter being retained in the blood, is capable of exciting that grade of irritation in the mucous membranes of the stomach and bowels, which results not only in diarrhoea or vomiting, but also in the elimination of itself with the fluid evacuated, sometimes unchanged and at others in the form of ammonia. It is when the mucous membrane fails to perform this vicarious office, that the urea is retained in the blood in sufficient quantities to affect the brain, inducing convulsions or coma, or both. Dr. Johnson stated that some of the fluid ejected from the stomach, while the vomiting was frequent and troublesome, was retained for analysis. It emitted an ammoniacal odor and re-action, but the length of time which had elapsed before the examination was made, rendered it doubtful whether the presence of ammonia was not due to decomposition after having been ejected from the stomach.

In answer to questions from other members of the Society, Dr. Johnson stated that he did not consider the presence of albumen in the urine, as sufficient, of itself, to justify the conclusion that the kidneys had undergone that granular degeneration which has been styled *albumanura*, or Bright's disease. But when, in addition to the presence of more or less albumen, the

microscope reveals the presence also of *fat granules* and epithelial cells, there can be little or no room for doubt in regard to the diagnosis.

Dr. S. N. Davis, related a case, then existing in the Mercy Hospital, which strikingly illustrated the effects of retention of urea and other elements of urine, on the mucous membranes of the alimentary canal and the brain. The patient was a native of Ireland, aged about 50 years; and when brought to the Hospital, two months since, presented all the symptoms of anemia, coupled with extensive dropsical effusions into the cellular tissue of the lower extremities and lower part of the trunk, and also moderately into the abdominal cavity. His pulse was small—100 per minute, and soft; surface of the tongue red, clean, and fissured; a sense of burning or heat in the abdomen, increased by food or drink; vomiting occasionally, and from three to six thin serous evacuations from the bowels every day, sometimes accompanied by griping and tenesmus. The quantity of urine secreted was very small, not exceeding two or three ounces in the twenty-four hours, pale and nearly odorless. On subjecting it to the action of heat and nitric acid, the albuminous precipitate was so copious as to render the whole mass solid. According to the representations of the patient, he had been attacked with fever, in St. Louis, about two months previous, from which he had only partially recovered, when he began to feel an unusual pain in the region of the kidneys, speedily followed by scantiness of urine and the commencement of dropsical effusions into the cellular tissues of the lower extremities and abdomen. In eight or ten days after the first appearance of dropsical swellings, the serous diarrhœa commenced, which has continued, with only brief intervals, until the present time. The patient has now been in the Hospital two months, and it has uniformly happened, that whenever the discharges from the bowels were suppressed for twenty-four hours, he first became very restless, and then manifested signs of approaching coma. About four weeks since, the skin on the back part of the legs and thighs became first inflamed, and then excoriated; and from these began to flow considerable of the water effused into the cellular tissue. In one week nearly all the water effused into the cellu-

lar tissue of the trunk and extremities, had passed off through these excoriated surfaces. But no improvement took place in the secretory action of the kidneys—during some days the quantity of urine discharged being less than a single fluid ounce. In this case, the uniformity with which the brain and nervous system became disturbed, when the diarrhœa was checked, together with the exceedingly small quantity of urine which has been secreted during several successive weeks, leaves no doubt but that the action of the mucous membrane of the intestines, constitutes a substitute, in some degree at least, for that of the kidneys. If this view is correct, it is evident that no attempt should be made by the physician to arrest the diarrhœa, without first securing the establishment of a more copious and healthy secretion of urine.

The foregoing cases led to an interesting discussion, in which most of the members present participated more or less; but of their remarks we have not sufficient notes to make a reliable report.

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*History of the American Medical Association.*—Several months since, our Colleague, Prof. Johnson, briefly noticed the volume, the title to which is given below.—Lest some of our readers might suppose his notice was influenced by personal favor, we copy the following from the January number of the *American Journal of Medical Sciences*, over the initials of Dr. D. Francis Condie, of Philadelphia. Copies may be had by applying at the Publication Office of this Journal:—

*"History of the American Medical Association from its Organization up to January, 1855. By N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine, and Clinical Medicine in Rush Medical College, etc. etc. etc. To which is appended Biographical Notices, with Portraits of the Presidents of the Association, and of the Author. Edited by S. W. BUTLER, M.D. 8vo. pp. 191. Philadelphia: Lippincott, Grambo & Co., 1855.*

"Whether the American Medical Association is destined to be a permanent institution, that, after having by perseverance accomplished the primary objects of its organization, shall continue a bond of union and of strength, for the protection of the

rights and the furtherance of the interests of the medical profession throughout the United States—increasing in dignity, influence, and efficiency with each year that is added to its age, or whether from some unforeseen and unanticipated cause it shall, sooner or later, cease to exist, still must its organization and its doings ever form prominent and most interesting items in the history of our profession in this country.

“Long or short lived as the Association may be, it has already given a proper direction to many of the things that most deeply affect the prosperity of our profession, and has made upon it, throughout, an impression, the salutary influence of which cannot be easily or speedily counteracted.

“It is true that, in its attempts to work out the problem of reform in medical education, it has been encountered by contending and discordant interests, which it has not yet been able to conciliate; and yet, even in this department of its operations, facts incontestably prove that its efforts have not been without a beneficial result—far short, unquestionably, of what was anticipated from them, in the outset, but still sufficient to create the hope that, by steady perseverance, the Association may ultimately succeed in the entire accomplishment of all its plans of reform.

“Look upon it in whatever light we may—as an experiment destined to end in a total failure, or as an organization the operations of which have been so far beneficial, and are destined to become still more so in the future, the history of the American Medical Association is, and always will be, a subject of deep interest to the American physician, and we are therefore pleased that Dr. Davis, whose name is identified with the Association from its origin—has undertaken the task of recording its history, which he has accomplished with great ability and perfect impartiality.

“As the work of Dr. Davis has doubtless found its way, before this, into the hands of the major portion of our readers, it is unnecessary for us to enter into an examination of its contents. The author presents a plain, unvarnished narrative of the causes which led to the organization of the Association, and of its proceedings—the subjects discussed, the plans digested, and the recommendations and suggestions adopted, at its several sessions, from the preliminary meeting in 1846, to that of May, 1854, inclusive. In an appendix, short biographical notices are given of the eight gentlemen who have served as Presidents of the Association, and of its historian.

“We would say to those who have not yet become possessed of the work before us, to do so without delay, and give to it a



careful perusal; for we are desirous that every medical man in the country should become acquainted with the character and doings of the Association, as we would wish to enlist every one on its behalf, as well for the general benefit of the profession at large, as for that of each of its members individually, and we know of no more certain means of effecting this than by promoting the circulation of Dr. Davis's history. D. F. C."

*Statistics of Mortality in Different Countries.*—According to the reports from European countries, and the United States' census returns for 1850, the ratio of mortality in the several countries may be stated as follows:

England, deaths,	2.2	per cent.	per annum.
France, " "	2.4	" "	" "
Prussia, " "	2.7	" "	" "
Austria, " "	3.1	" "	" "
Russia, " "	3.5	" "	" "
U. States, " "	1.4	" "	" "

The foregoing figures, which make the mortality of the United States compare so favorably with that of the different countries of Europe, are taken from a well written article in the New York *Herald*. The ratio for this country is deduced from the census of 1850, and by no means corresponds with the facts developed in the following extract of an address by Dr. Hubbard, of Connecticut, which we copy from the Buffalo Medical Journal, viz:

"The Registration law, now in operation in this State, is in the main excellent; and, if universally complied with, would develop a mass of valuable facts which could not fail of exerting a great and lasting influence on our prosperity.

"It is intended to accomplish two great objects:

"FIRST. *To preserve the name, and afford the means of identifying the connections, and some facts concerning the personal history of every person who is born, marries, or dies in the community.*

"SECOND. *To determine how health, life, and longevity are affected by age, sex, condition, and occupation; by climate, season, and place of residence; and by the diseases to which, under any circumstances, man may be subject.*

"To accomplish the first object, certificates of birth should, in all cases, state the maiden name of the mother, the national-

ity of both parents, and, as children are not often named when the return is made, it should state the *number* of the child, whether first, or second, &c., in addition to those items now required.

"Marriage certificates should also state, in addition, the *names and residences of the parents of both parties*, and the names of witnesses.

"Certificates of death should also state, in addition, the *names of the parents of the deceased*, and their *nationality*. In order to determine identity, it is necessary that these, and all the facts now required, should be recorded with exactness. Physicians, in too many cases, omit one or more of these facts, without reflecting that, perhaps, the very one which they consider of so little consequence may be hereafter of the first importance to that individual or his friends, to say nothing of the loss which science sustains in the omission of a fact.

"Records of this kind are of great importance in the various civil relations of society; and will secure to all classes numerous legal rights. It is useful to all persons, and to some it is of the greatest importance, to be able to prove, in a legal way, their age and place of birth; and equally important is the day of death, and the particulars of the marriage contract.

"Who does not know of individuals who have failed to obtain their rights of property, or have suffered in reputation, for the want of such legal proof of events and identity, as this law proposes to furnish?

"A family, once resident in New Haven, the undoubted heirs, by the mother's side, of a princely fortune in England, failed to receive it, for the reason that a *single fact* was wanting to complete the chain of evidence otherwise conclusive; and it is well known that millions of property in England, rightfully belonging to parties in this country, have been forfeited to the British Crown, because no legal record of births, marriages, and deaths had been kept.

"The widow of the late Dr. Dwight, President of Yale College, was for many years unable to procure the pension to which her husband's services in the army of the Revolution entitled her, for the reason that she had no proof of her marriage, no record having been made, and the witnesses being dead; she finally obtained it, however, through the aid of Joel R. Poinsett, while Secretary of War. He ordered it to be granted, on the ground that it was not to be supposed that so wise and so good a man as his old and venerated instructor, would have lived all his life with a woman who was not his wife. How many families in this State would have been made glad, or have

been saved from expensive litigation and pecuniary ruin, had such a plan of registration been faithfully carried out.

"The records of New Haven have been repeatedly brought into requisition within two years, as legal evidence in suits affecting the social rights of individuals. Copies have been required in order to settle estates in England, Germany, Cuba, New York, and Massachusetts, besides for other purposes within the State; and I presume similar facts are known in other parts of the State. So far as my observation extends, the law is increasingly popular with the more intelligent portions of every community, who justly regard it as capable of conferring upon the State numerous benefits, the importance of which can not be estimated.

"To accomplish the second object, the record should show a class of facts different from those necessary to prove identity, though, in some particulars, they are the same; but as these are all included in the present law, I need not mention them here, except to remark that the attending physician should, in all cases, be careful to state in a certificate of birth, the *age of the parents*, which many omit to do: this appears at first but a trifling matter, yet in future years such facts will prove of great service in determining the laws of population.

"We shall know by these means what is the proportion of births and deaths among our foreign population, an item at present of peculiar interest; also, of what diseases the foreign born and their children die. Forming, as they do everywhere, a large and increasing element in our population, frequently bringing with them the seeds of disease and death, this becomes a matter of serious import.

"The register in New Haven exhibits the fact, I believe, that a majority of the children who die there are of foreign parentage, and that of these the larger part die between three and five years of age. If this statement is correct, and should be corroborated in other large towns—the principal foci of the foreign population—it would be an interesting and useful fact. It is easy to see that by the accumulation of facts, registration will lead to the adoption of such measures as will aid in the diminution of sickness—(and one-half of all that occurs is believed to be unnecessary and preventable)—in the security of life, in the improvement of the general physical condition of the people, and in promoting their greatest happiness.

"Among the other important considerations connected with this subject is its bearing on Life Insurance.

"It was long ago ascertained in Europe that the reproduction, the life, the sickness and death of man, are regulated by

certain fixed and natural laws, which vary, of course, according to the individual, and the circumstances by which he is surrounded. These laws had not yet been investigated in their application to man in the circumstances in which he is placed in this country—neither can it be done in the present state of knowledge on this subject.

“It is evident, however, that many facts exist, which render the operation of these laws peculiar to ourselves; and it is highly desirable, on this account, also, that a system of registration of human life, by which they may be obtained, should be faithfully carried into operation.

“Life insurance, as common in England as insurance on property, is becoming a very important interest in this country; and it has always been regretted that insurance companies are obliged to base all their operations on either the Carlisle or other tables of mortality, prepared in England many years ago, and which never afforded an adequate estimate of the probabilities of life on this continent,

“Such records would enable us to construct tables of mortality, containing an individual fund of statistical information, showing the various influences in operation among us, which tend to increase or diminish our population, the comparative value of life among males and females, and of persons existing under different circumstances and conditions; the comparative prevalence of health and disease and of death, in the different seasons of the year, in different localities, and in the different periods of life.’

“Until we have such a class of facts, we cannot know the wants of our population, nor tell where to apply remedies in order to ameliorate their condition—to improve the general health of community—promote the security of life, and add to the number of its years. At present, our exertions must be influenced by, and be made upon, comparatively uncertain theory and conjecture; and, of course, may produce erroneous results.

“Registration has developed some interesting facts of a more strictly sanitary character. In England, it has been found that in those rural districts in which under-drainage had been within a few years generally adopted, the number of deaths has much diminished, while the cases of sickness were fewer and shorter; and in the large towns, the difference between the ratio of deaths in the undrained, crowded localities, and the better portions of the cities, was very striking. In the report of Mr. Glover, superintending medical inspector of the London Board of Health, on the common and model lodging-houses of

London (with reference to epidemic cholera in 1854) it is stated that, in 1853, there were registered houses of this kind, accommodating about 30,000 persons, yet, during the year, *only ten cases of fever* occurred. Considering the class of persons inhabiting these houses, it must be acknowledged that three cases of fever in every 10,000 of such persons, is an almost incredible amount of sickness of this character.

“In all the houses, registered and unregistered, there were, in the first nine months of last year, 72 cases of cholera, and 61 deaths—an amount of sickness, all things considered, astonishingly small.” With respect to the health of the inmates of the model lodging-houses, it appears, from the various reports, that these houses have enjoyed all but a complete exemption from the cholera, the mortality among the inmates having been only in the ratio of about 26 in 10,000; whereas the mortality from cholera in the potteries, Kensington, was in the ratio of 259 in every 10,000; and in Bermondsey, 162 in 10,000.’

“In a comparison of the bills of mortality in London with those of Boston, which has always been cited as a model city for cleanliness and sobriety, we find a remarkable coincidence. In London, 32 per cent. of the deaths are those of children under five years of age; the average age of all, at death, is twenty-six and a half years, and the annual rate of mortality for the whole population is 1 in 40.

“In Boston, from 1840 to 1845, 46.62 per cent. of all the deaths were those of children under five years of age; and in some classes of the population, more than 62 per cent. were under that age; the average age of all that died in the same period was 21.43 years, and of the Catholic burials, 13.43 *years only*. The rate of mortality for the whole population, for the last nine years, was 1 in 39; and for the last year (1849) 1 in 26.’ Showing that London, with its two millions of people, supplied with water from the Thames, into which the enormous accumulation of waste and dead animal and vegetable matter—the blood and offal of slaughter-houses—the drainage from die-works, bone-boiling houses—and a thousand nameless pollutions, all find their way—with its crowded streets and graveyards, its foul cess-pools and hopeless pauperism—is as healthy a city as Boston, and in some respects more so.

“Some of our other cities suffer still more by the comparison. The annual average mortality for the last eight years was:

In Philadelphia, . . . .	1 death in 42 inhabitants.
“ Boston, . . . . .	1 “ 39 “
“ Baltimore, . . . . .	1 “ 36 “

In Chicago, . . . . . 1    “    29 inhabitants.  
 “ New York, . . . . . 1    “    25    “

“ Last year the average ratio of deaths in Chicago was 1 in 18.3 of the population.

“ The high ratio in the two latter cities is owing entirely to the larger proportion of immigrants constantly arriving there; while in Chicago full one-half the entire population are foreign born, and there is always present a floating population of several thousands, many of whom are yet suffering from the debilitating effects of a long voyage, and destitute of every comfort and convenience of life.

“ Doubtless among the principal reasons for the large mortality in this country, may be mentioned the great and frequent changes of temperature at all seasons; the intense and prolonged heat of summer, favoring rapid decomposition, and causing diseases of the bowels, as diarrhoea, dysentery, cholera, &c.; the equitable and restless state of our population, containing a large proportion of foreigners, among whom affections of the bowels and lungs seem to be particularly fatal. It is to be expected, then, that the deaths in proportion to the population would be more numerous, and the average age at death lower, than in the slow-going population, and more equable, temperate climates of the old world.

“ Says Mr. Chadwick: ‘The average of the whole of the living population in America, so far as it can be deduced from the census returns, is only 22 years and 2 months. Notwithstanding the earlier marriages and the extent of emigration, and the general increase of population, the whole circumstances appear to me to prove this to be the case of a population, depressed to this low age, chiefly by the greater proportionate pressure of the causes of disease and premature mortality. The proportionate numbers at each interval of age in every 10,000 of the population of the United States, England and Wales, are as follows:

	United States.	England and Wales.
Under 5 years,	1,744	1,324
5 and under 10,	1,417	1,197
10    “    15,	1,210	1,089
15    “    20,	1,091	997
20    “    30,	1,816	1,780
30    “    40,	1,160	1,289
40    “    50,	732	959
50    “    60,	436	645
60    “    70,	245	440
70    “    80,	113	216



80 and under 90,	22	59
100 and upward,	4	5
Average age of all living, 22 yrs. and 2 mos. 26 yrs., 7 mos.		

“‘It may be observed,’ he adds, ‘that while in England there are 5,025 persons between 15 and 50, who have 3,610 children, or persons under 15; in America there are 4,789 persons living, between 15 and 50 years of age, who have 4,371 children dependent upon them.

“‘In England there are, in every 10,000 persons, 1,365 who have obtained over 50 years’ experience; in America, there are only 830.

“‘The moral consequences of the predominance of the young and passionate in the American community, are attested by observers to be such as have already been described in the General Sanitary Report, as characteristic of those crowded, filthy and badly administered districts of England, where the average duration of life is short, the proportion of the very young great, and the adult generation transient. The adult population of America, it has been shown, is younger than in England, and if the causes of early death were to remain the same, it may be confidently predicted that the American population would remain young for centuries.’”

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*Apology.*—The matter for the December number of the *Journal*, was prepared in good season, and placed in the hands of the printer, with the assurance that the *Journal* should be forthcoming at the proper time. But, very much to our chagrin and annoyance, we could not get a copy from his hands, until the beginning of the second week in January. We, however, commence this number, the first of vol. five, with another printing establishment; and though, owing to the circumstances just mentioned, it is late in its appearance, we trust that we shall have no occasion for further complaints of this kind during the coming year. All letters on business connected with the *Journal*, and communications, should be directed, as heretofore, to Dr. N. S. Davis, Chicago, Ill.

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*The Transactions of the Illinois State Medical Society.*

The regular Annual Meeting of the Illinois State Medical Society, was held in Bloomington, during the first week in June last, and yet we have seen nothing of the printed transactions.

Are we to have them; or have the publishing committee decided the *matter* to be not worth the cost of printing? Or, are there no funds in the treasury? Will the Secretary give us some light on the subject? If we remember correctly, money was contributed at the last meeting, to the amount of about fifty dollars, to be offered as a premium for the best essay on some medical subject, and a committee was appointed to receive and examine such essays as should be offered for such prize. If we mistake not, Dr. W. B. Herrick, of Chicago, was made chairman of that committee. It is certainly time that said committee should issue to the profession of the State some *notice*, if they wish to receive any essays before the next Annual Meeting of the State Society. We hope there will be no further delay in regard to these matters.

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*Miscellaneous Items.*

The *Virginia Medical and Surgical Journal*, and *The Stethoscope*, both formerly published at Richmond, Va., have been united, retaining the title of the former.

We observe an attempt is being made to establish, in the city of New York, an Hospital exclusively for the reception of "consumptive patients." If the object is to provide a comfortable place for that class of patients, who, in the advanced stage of phthisis, have no home or kind friends to protect them, after they become too feeble to protect themselves, then it is all very well. But if the plan embraces the idea of receiving and congregating together, within the walls of a Hospital, patients in all the stages of pulmonary tubercular disease, it is very questionable whether its evils would not overbalance its advantages.

*College of Physicians and Surgeons, of New York.*—This excellent medical college has just commenced the occupancy of the new and spacious college edifice, on the corner of 23d street and Fourth Avenue. We hope its future prosperity will be fully equal to its merits.

*Insanity, &c., in France.*—For every 100,000 inhabitants in France, there are 125 insane, 105 blind, 82 deaf and dumb, and 118 goitrous.